

APPLICATION TO AMEND CERTIFICATE OF BIRTH

STATE OF LOUISIANA

DHH/OPH/Vital Records Packet 18, Rev. 08/04

Applicant's Name: _____
Last First Middle
Street Address: _____ Tel. No. _____
City: _____ State: _____ Zip Code: _____
Signature: _____ Relationship to Registrant _____

PART I. ENTER NAME, DATE AND PLACE OF BIRTH OF CHILD, AND NAMES OF PARENTS AS SHOWN ON BIRTH CERTIFICATE. IF THE CHILD'S NAME DOES NOT APPEAR ON THE CERTIFICATE, ENTER "NOT SHOWN" IN THE FIRST ITEM (**TYPE OR PRINT**).

1. FULL NAME OF CHILD: _____
2. DATE OF BIRTH: _____ 3. PLACE OF BIRTH: _____
4. SEX: _____ 4A. STATE FILE NUMBER (If Known): _____
5. FULL **MAIDEN** NAME OF MOTHER: _____
6. FATHER'S NAME (**As shown on certificate**): _____

PART II. ITEMS ON THE ORIGINAL BIRTH CERTIFICATE TO BE CORRECTED. (Type or Print)

7. ITEM OR ITEM NO.	8. ENTRY ON CERTIFICATE	9. CORRECTION INFORMATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART III. EXAMPLES OF CORRECTIONS AND TYPES OF DOCUMENTS REQUIRED.

CORRECTION / ALTERATION

TYPES OF EVIDENTIARY DOCUMENTS

A. LAST NAME (OBVIOUS SPELLING ERROR.

-BAPTISMAL CERTIFICATE
-HOSPITAL LETTER
-MIDWIFE LETTER

B. COMPLETE CHANGE OF SURNAME (ADULT)

-COURT ORDERED NAME CHANGE JUDGMENT
-ACKNOWLEDGMENT OF PATERNITY*
-ACT OF LEGITIMATION*

PART III – CONT.

CORRECTION / ALTERATION

TYPES OF EVIDENTIARY DOCUMENTS

C. FIRST & SECOND NAMES (AGES 1 THROUGH 12)	-NAME CHANGE JUDGMENT -ACKNOWLEDGMENT OF PATERNITY** -ACT OF LEGITIMATION** -BAPTISMAL CERTIFICATE -HOSPITAL RECORD -AFFIDAVIT EXECUTED BY PARENT(S)***
D. FIRST & SECOND NAMES (13 YEARS AND OLDER)	-NAME CHANGE JUDGMENT -FIVE YEAR RECORD**** (SCHOOL RECORD, MARRIAGE APPLICATION, BAPTISMAL RECORD, APPLICATION FOR SOCIAL SECURITY NUMBER)
E. DATE OF BIRTH (ONE YEAR OLD AND LESS)	-HOSPITAL STATEMENT -BAPTISMAL RECORD (BAPTISM IN 1 ST YEAR)
F. HOUR OF BIRTH / BIRTH ORDER / DATE OF BIRTH / DATE OF SIGNATURE / MEDICAL INFORMATION SECTION	-HOSPITAL STATEMENT -ATTENDING PHYSICIAN STATEMENT -LICENSED MIDWIFE STATEMENT -LAY MIDWIFE AFFIDAVIT
G. SEX (ERRONEOUS CLASSIFICATION AT BIRTH)	-HOSPITAL STATEMENT -ATTENDING PHYSICIAN/MIDWIFE STATEMENT -EARLY SCHOOL RECORD (GRAMMAR SCHOOL) -MARRIAGE APPLICATION
H. SEX (SURGICAL REASSIGNMENT)	-COURT ORDER AS PER LSA R.S. 40:62
I. FATHER & MOTHER OF CHILD	-PARENT'S BIRTH CERTIFICATE -PARENTS' MARRIAGE LICENSE APPLICATION -CHILD'S BAPTISMAL CERTIFICATE
J. RACE	-PREPONDERANCE OF EVIDENCE . IN GENERAL THREE GENERATIONS OF FAMILY RECORDS (REQUEST SPECIFIC INSTRUCTIONS FROM THE STATE REGISTRAR)
K. ITEMS ON DELAYED BIRTH CERTIFICATE	-ALL ALTERATIONS TO A DELAYED BIRTH CERTIFICATE ARE PREDICATED ON A COURT ORDER FROM A COURT OF COMPETENT JURISDICTION (NOTE : AS PER R.S. 40:33d, ALL SUITS AND MANDAMUS ACTIONS AGAINST THE STATE REGISTRAR OF VITAL RECORDS MUST BE BROUGHT IN THE CIVIL DISTRICT COURT PARISH OF ORLEANS.
L. CHANGE/ADDITION OF PATERNITY (FATHER'S)	-PLEASE SEE PATERNITY INFORMATION PACKET

IMPORTANT NOTES: IF THE PERSON MAKING THIS APPLICATION IS NOT THE BIRTH REGISTRANT, A PARENT OF THE BIRTH REGISTRANT, A PERSON HAVING CUSTODY OF THE REGISTRANT, OR AN ATTORNEY REPRESENTING ONE OF THEM, THE APPLICATION MUST BE ACCOMPANIED BY A FORMAL STATEMENT EXECUTED BY THE REGISTRANT WHICH AUTHORIZES THE APPLICANT TO ACT IN HIS/HER BEHALF. IF THE REGISTRANT IS DECEASED AND THE APPLICANT IS NOT ONE OF THE PERSONS LISTED ABOVE, THE APPLICATION SHOULD BE ACCOMPANIED BY A DETAILED EXPLANATION FOR THE REQUEST AND A STATEMENT OF RELATIONSHIP TO THE REGISTRANT.

ALL EVIDENTIARY DOCUMENTS/RECORDS PRESENTED TO EFFECT ALTERATIONS / CORRECTIONS ON BIRTH CERTIFICATES MUST BE CERTIFIED TRUE COPIES ISSUED BY THE CUSTODIAN OF THE ORIGINAL RECORD. EXCEPTIONS INCLUDE SOCIAL SECURITY NUMBER APPLICATIONS WHICH MAY BE ORIGINAL COMPUTER GENERATED APPLICATION ABSTRACTS ISSUED BY SSA, AND "LETTERS / STATEMENTS" WHICH MUST BEAR ORIGINAL SIGNATURES. ALL AFFIDAVITS MUST BE ORIGINAL AFFIDAVITS EXECUTED BEFORE A NOTARY PUBLIC. COURT ORDERS AND JUDGMENTS ARE HONORED PROVIDED THEY COMPLY WITH LOUISIANA LAW. ALL EVIDENTIARY DOCUMENTS ARE PERMANENTLY RETAINED BY THE REGISTRY.

PROCESSING: Submit this application, a photocopy of the child's birth certificate, the supporting evidentiary document(s), and the statutory filing fee of eighteen (\$18) dollars plus the state charge of \$.50 per transaction for each mail submission and include an additional \$15 if you are unable to provide a copy of the birth certificate to:

**Louisiana Vital Records Registry
Attn: Document Alteration Section
P.O. Box 60630
New Orleans, LA 70160**

The fee does not include the cost of a certified copy of the record after the amendment is filed. Please include an additional fee of \$9.00 for each copy of the amended certificate requested at the time of the amendment. Certified copies purchased at a later date will be nine dollars each for short form or fifteen dollars each for long form, plus the state charge of \$.50 per transaction for each mail order.

- * Must be accompanied by a statement executed by the District Attorney to the effect that there is no objection to the name change.
- ** Must be executed by the mother and father jointly.
- *** Must be executed jointly by the mother and father unless only one name appears on the birth certificate, one is deceased or one has sole custody. In the latter two instances, proof of death/custody must accompany the affidavit.
- **** A "Five Year Record" is a record established at least five years before the date it is submitted in support of a proposed birth record amendment. A five year record must include the registrant's name, date of birth, place of birth and parent's names.

❖❖❖❖❖❖❖❖❖❖

AFFIDAVIT FOR CORRECTIONS OF GIVEN NAMES ONLY
FOR CHILDREN 12 AND UNDER

State of _____

Parish/County Of _____

Personally the undersigned appeared before me named below, who being duly Affirmed/Sworn doth depose and say that the following facts concerning the birth of the person named below are as they appear on the original certificate of birth:

NAME AT BIRTH (As it appears on the birth certificate):

Date of Birth – (month, day & year) _____ Sex _____

Name of Father _____

Mother's Maiden Name _____

Other & Relationship to child: _____

The undersigned wishes to change the given name (s) of the child to the following:

MOTHER'S SIGNATURE

FATHER'S SIGNATURE

OTHER'S SIGNATURE

Address _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ day of _____ 20____

(Seal and Signature of Notary Public)

(Print Notary Name)

Notary ID/Bar # _____ Date Commission Expires: _____